

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 8-20-08

SUPP-L

ack✓

10730831. NAME Peere Markey W
Last First MI2. BUSINESS PHONE 318 675-01163. BUSINESS ADDRESS 401 Market Street Ste 500 Shreveport LA 71101
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER Southern Strategy Group-N/LA5. EMPLOYER'S ADDRESS 401 Market Street Ste 500 Shreveport LA 71101
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Cash America International, Inc.
Address 1100 West 7th Street, Fort Worth, Tx 76102
Business or purpose paid and pawn lending

☒ New RepresentationDoes this person pay you? NOIf No, who pays you? Southern Strategy Group-N/LA, LLC☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2. Name General Scrap Yard
Address 200 North McNeil Street Shreveport LA 71101
Business or purpose Recycling
☒ New Representation
Does this person pay you? no
If No, who pays you? Southern Strategy Group - NLA, LLC
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Mark E. Peave
Signature of lobbyist